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To: U.S. Patent and Trademark Office – From: Christian R. Andersen
Examiner: M.N. OPSASNICK Sr. Paralegal – Intellectual Property
Group Art Unit: 2642

Fax:	703-872-9306	Pages
		with 6
		Cover:

FORMAL SUBMISSION OF:

- | | |
|--|---|
| 1) Amendment Transmittal; | 3) Response to Restriction Requirement. |
| 2) Petition for One Month Extension of Time; and | |

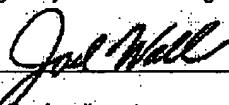
Title: **SYSTEMS AND METHODS FOR PROVIDING AUTOMATED DIRECTORY ASSISTANCE**
 Serial No. **09/656,264**
 Filing Date: **September 6, 2000**
 First Named Inventor: **Richard Mark SCHWARTZ**
 Atty. No. **99-469**

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that the above-referenced documents are facsimile transmitted to the Patent and Trademark Office on the date shown below:

Christian R. Andersen

Date of Transmission: August 20, 2004

AMENDMENT TRANSMITTAL LETTER				Docket No. 99-469 (65632-0231)	
Application No. 09/856,264	Filing Date September 6, 2000	Examiner Opsasnick, Michael N.	Art Unit 2655		
Applicant(s): Richard Mark Schwartz et al.					
Invention: SYSTEMS AND METHODS FOR PROVIDING AUTOMATED DIRECTORY ASSISTANCE					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	32	- 54 =	0	x 18	0.00
Independent Claims	6	- 13 =	0	x 86	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity <input checked="" type="checkbox"/> No additional fee is required for this amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>07-2347</u> as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 <u>Joel Wall</u> Attorney for Applicant Registration No.: 25,648			Dated: <u>August 20, 2004</u>		
Verizon Corporate Services Group, Inc. c/o Christian Andersen 600 Hidden Ridge Drive, Mailcode HQE03H14 Irving, TX 75038 972-718-4800 CUSTOMER NO.: 32127					